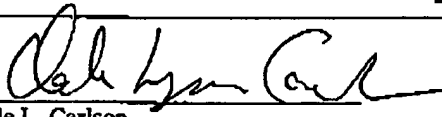


SEP 08 2006

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS AND INTERFERENCES		ATTORNEY DOCKET NO: 101792-200	
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450." <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office via facsimile at (571) 273-8300. September 8, 2006 Signed: <u>Margaret Miron</u>		In re Application of: David F. Gavin, et al.	
		Application Number: 10/077,727	Filed: Feb. 15, 2002
		Art Unit: 1615	Conf. No: 2648
		For: Composite Biocidal Particles	Examiner: Celsa, Bennett M.
To The Commissioner of Patents and Trademarks: Applicant hereby appeals to the Board of Appeals from the decision dated March 8, 2006 of the Primary Examiner finally rejecting claims 2, 4, 6-11, 35-37 and 40.			
Applicant hereby appeals to the Board of Patent Appeals and Interferences for the last decision of the Examiner.			
The fee for this Notice of Appeal fee is (37 CFR 41.20(b)(1)): <u>\$500.00</u>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$250.00</u>			
<input checked="" type="checkbox"/> Requested to be charged to <u>Deposit Account No. 23-1665</u> (Please charge any additional fees or credit overpayment to same account). A duplicate copy of this Notice is enclosed herewith.			
<input type="checkbox"/> Not required (fee paid in prior appeal in this application).			
<input checked="" type="checkbox"/> The Extension Fee is being paid under separate cover via Amendment Transmittal Letter.			
<input type="checkbox"/> \$120.00 <input type="checkbox"/> \$450.00 <input checked="" type="checkbox"/> \$1,020.00 <input type="checkbox"/> \$1,590.00 <input type="checkbox"/> \$2,160.00			
<input checked="" type="checkbox"/> Requested to be charged to <u>Deposit Account No. 23-1665</u> (Please charge any additional fees or credit overpayment to same account). A duplicate copy of this Notice is enclosed herewith.			
Total Fees: <u>\$,500.00</u>			
Date: September 8, 2006		 Dale L. Carlson Reg. No. 28,784	
CONTACT INFORMATION: WIGGIN & DANA LLP One Century Tower New Haven, CT 06508-1832 Telephone: (203) 498-4385 Facsimile: (203) 782-2889 Email: dcarlson@wiggin.com		09/11/2006 MBINAS 00000029 231665 10077727 01 FC:1401 500.00 DA	

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